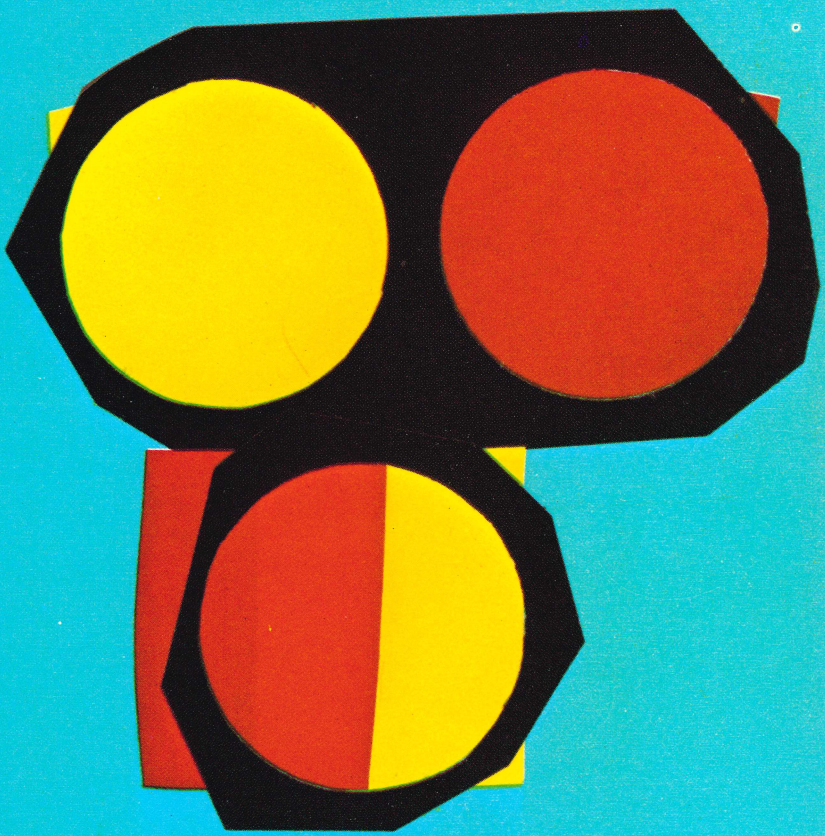
March-April, 1966 MEDICAL MISSIONARY



FAMILY

Man becomes man in the family of man. A person is most himself in his family, because there he is most deeply bound to others. A family is its members, knit by the strongest human bonds of shared life and love. A family is the most important school of peace because it is a school of giving and receiving, of mutual support and security, joy and responsibility in the struggle of existence. The health of the family is the health of the world. The peace of the world roots in the homes of men. Peace is born in a Holy Family. □ by SISTER M. LAWRENCE

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FAMILY .....33 Editorial

FAMILY STRUCTURES .....35 by Sister M. Isabelle

REHABILITATED . . .
DISCHARGED! .....40 by Sister M. Anton

WHAT DOES IT MEAN TO BE
A FAMILY? .....44 by Sister M. Michael

PUBLIC HEALTH WORK MUST
REACH THE VILLAGES .....48 by Sister M. Th. Michael Thakadyel

THE VIRGIN AT THE HEART OF
THE FAMILY OF MAN .....55 by Sister Miriam Therese

PEMA .....56 by Sister M. Paul

POSTMARKED FROM OUR
HOUSES 58

HIGHLIGHTS AND INSIGHTS 63

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Cover: Sister Bernadette is right at home with this Punjabi family in West Pakistan.

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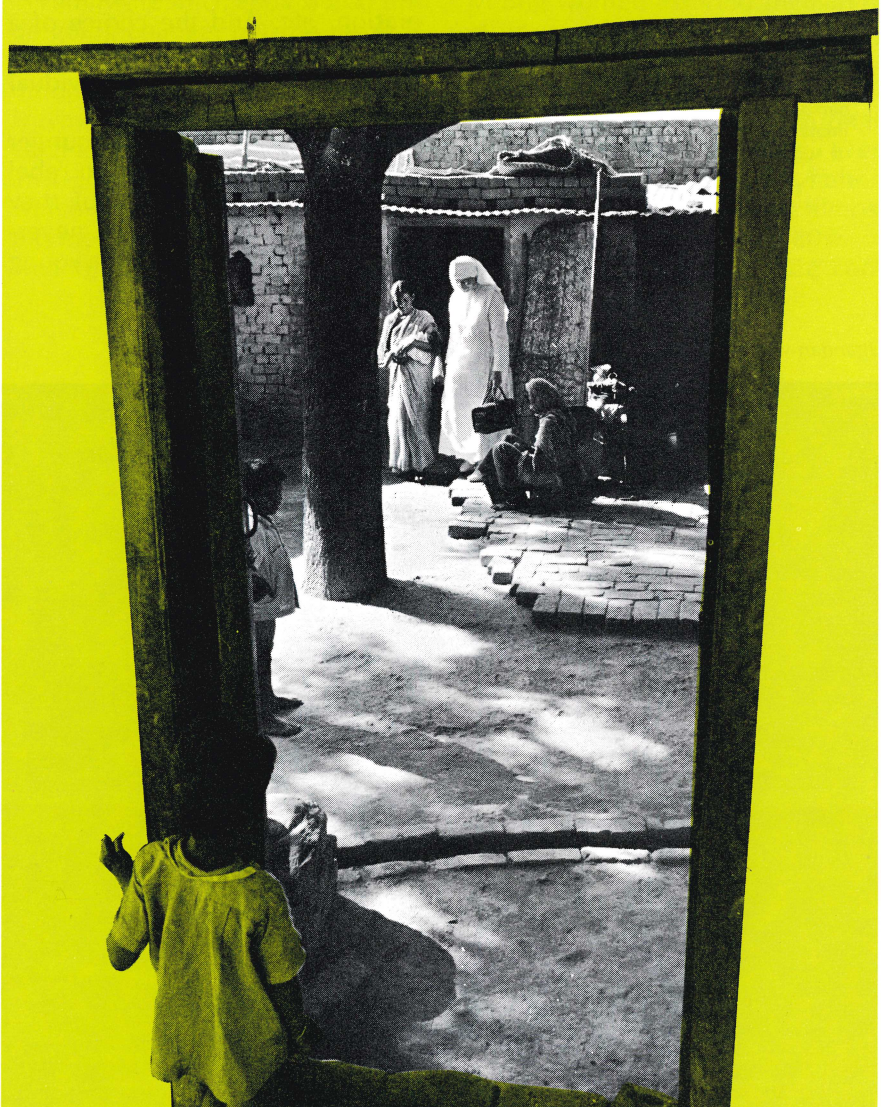
FAMILY STRUCTURES

By Sister M. Isabelle

The developing nations are, by definition, in a state of transition, passing from a "tradition-directed society" (borrowing David Riesman's phrase) to a more modern one. Since these nations are between two categories (or, at least, between two of *our* categories) it is difficult to describe them and impossible to predict their future. For although they are moving toward modern, Western ways, they will not exactly duplicate these ways; they will probably combine in a new culture, Western customs with their own ancient traditions. The proportion of each contribution and the particular quality of the result is unpredictable.



Family life in a developing nation shares the transitional character of the whole culture. India, for example, is undergoing a cultural crisis in which desire for Western family patterns is conflicting with the maintenance of traditional norms. The traditional pattern was the joint family system. Each son brought his wife to the family home where she shared the work of the house with her mother-in-law and sisters-in-law. Society emphasized family solidarity. In fact, "family" did not always mean the elementary family, father, mother and children. It often meant the extended family, all the members of a group of elementary families descended from a single living male, the head of the family. Functions reserved in our culture to the elementary family often were the domain of the extended family. For example, all the adult men shared in the major family decisions: whether to sell land or not, whether one of the members of the family should undergo an operation, etc. And the choice of a wife for one of the sons was a family decision, not an individual choice.

"The family, in which the various generations come together and help one another grow wiser and harmonize personal rights with the other requirements of social life, is the foundation of society."

The Church in the Modern World

Many members of the younger generation are beginning to rebel against these traditions, but they often feel bound by them, nevertheless. In many instances, a young

Ugandan women prepare a meal high up in the Mountains of the Moon.

man wants to choose his wife for love, without consulting his family, but the pressure of custom and attachment to his family create a conflict for him. He wants to set up his own household at marriage but centuries of tradition hold him to the joint family system. The old values are losing their grip on the new generation but the young people have not yet acquired a new set of norms. The result is a cultural vacuum limited not to a few individuals but to a whole society.

Family life in Uganda is also undergoing change, but the result is not the same as in India. The traditional Ugandan pattern was polygyny, more than one wife for each man. The parents of the boy and girl arranged the marriage which received legal status by the payment of a dowry or bridewealth, given by the family of the boy to the family of the girl. Society did allow free marriages, that is, marriages without a bridewealth. In such cases, called *wabusa* marriages, the legality of the marriage rested on the consent of the father. Ancient tribal cultures put a high value on virginity before marriage and, as a corollary, illegitimate children had little recognition.

In the early part of this century, these ancient institutions began to change. The introduction of progressive views had some unexpected results. In many cases, young women asserted their freedom from their husbands by extra-marital relations. *Wabusa* marriages deteriorated into concubinage, for example, marriage without any legal standing, even the simple consent of the father.

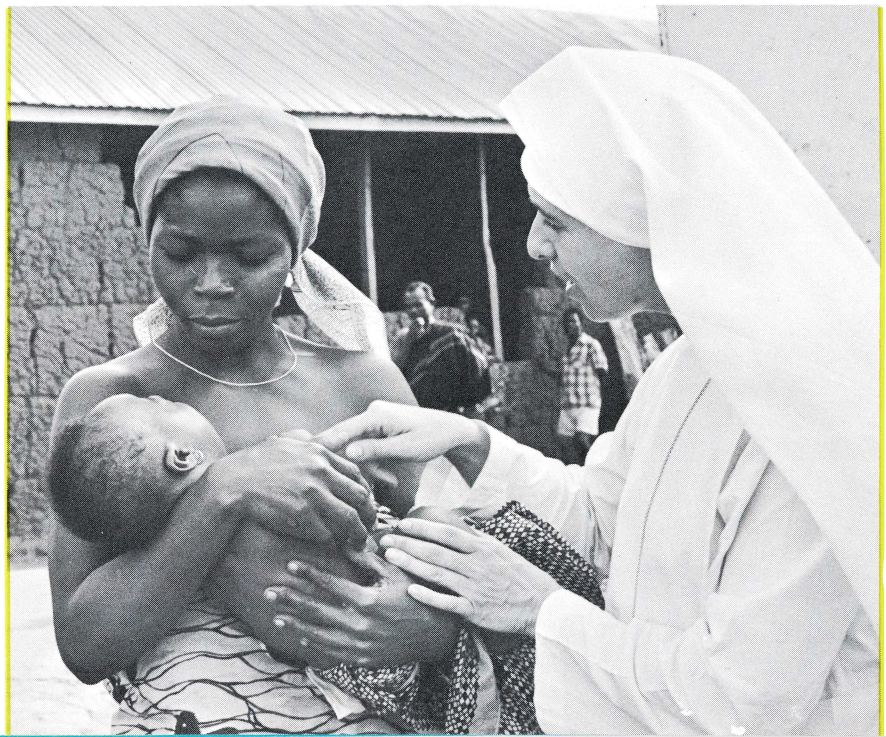
By now the transition has almost reached its term. About 80% of all marriages in Uganda are con-

cubinage. It fact, concubinage is an accepted institution; it has the same social recognition that polygyny had in the traditional cultures. It may soon have the same legal recognition. A virgin-bride today is rare and illegitimate children carry no stigma. Sociologically, the change in Uganda is the same as the change in India. Old norms have broken down but new ones have not yet taken their place.

The changes in family life in Ghana are not so profound. Among the Ashanti the traditional pattern was polygynous, as among the tribes of Uganda. However, a matrilineal system of descent among the Ashanti resulted in some interesting customs. Since they believed that the blood (the physical part of the child) was passed on by the mother only, the child's nearest adult male blood relative was its maternal uncle and not its father. Since this kinship system held the mother's lineage as more important than the father's, the maternal uncle of the child represented the authority of the clan. In actual practice, the maternal uncle did have wide authority over his sister's children. He shared the responsibility for their upbringing with the father. In many families, the father took the sons for training after they had passed the stage of young childhood but the daughters were under the care of the mother and her relatives. The maternal uncle had an even greater responsibility for the daughters than the father. The uncle could actually pawn his nieces to pay clan debts.

Small legal changes in this traditional system indicate some transition toward Western ways. Pawning of a man's nieces is now illegal. (However, it is difficult to

It's a long way from Ghanaian village life...



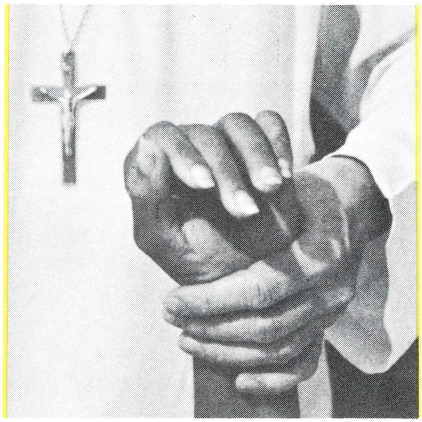
say how extensive the practice still is.) A father can now give even half of his property to his children without the permission of his clan. According to traditional tribal law this was forbidden since a man's children did not belong to his clan but to his wife's.

The introduction of formal education has had indirect effects on Ghanaian family customs. In the old days, the most common attitude toward children was, "the more the better." Now, however, with the expense of schooling, this ideal is being modified. Among the educated, six children seems to be the new ideal. Moreover, desiring fewer children means desiring fewer wives. Whether extensive education will lead to the dying out of polygyny is still a debated question. Studies have shown that, in individual cases, a high level of education does not necessarily mean less of a desire for many wives. The transition from tribal to modern has to develop further before a definitive conclusion can be drawn. This is a concrete example of our inability to predict what will happen in the developing nations. In some instances, Westernization seems to have strengthened certain traditional customs.

Whatever happens to the developing nations, one thing is clear. Anyone who wishes to learn their character should not look primarily at the traditional cultures or at Western culture but at the transitional stage the developing nations are in, difficult as it may be to discover the nature of this transitional stage. The task of those involved in assisting the developing nations is to help form a true set of values, building on the expectations of these people for freedom to be themselves. □ □ □

. . . to the role of a student nurse at Holy Family Hospital, Berekum.

rehabilitated..



The distance from bed to wheelchair to crutches to cane cannot be measured in inches, but in years and even lifetimes. Not every patient can make it all the way, but all should have a chance at least to try. The rehabilitation of a patient is not the duty of one person but of a team. The physical therapist is a vital member of that team. Her function includes the application of heat, cold, light, water, electricity (except roentgen rays), ultrasound, massage, and all forms of exercise to enable the patient to achieve his maximum self-sufficiency.

The work of a physical therapist is challenging. It requires patience, understanding and training. Sometimes you have to coax or tease or even command the patient to get him to respond. Other occasions may require that you be tirelessly cheerful, if that is the only way to get the patient started in helping himself. You won't let him give up. Instead you help him *get* up. And that's a big job.

Just a short while ago, a paraplegic (one whose body is half paralyzed) and three quadriplegics (one paralyzed from the neck down) were among my patients. The psychology of paraplegic patients deserves special attention. Especially in the early stages after injury, the patients show signs of depression and regression. This is not hard to understand if you remember that a patient regresses physically to the condition of an infant. Neither bowel nor his bladder are under voluntary control and his care requires handling which is comparable to that of an infant in diapers. The accompanying mental reaction will also be one of regression. This is usually overcome within six months, although in some patients it does not manifest itself at all and in

..discharged!

By Sister M. Anton

others it is overcome sooner.

As paraplegics and quadriplegics are generally long-term patients, you get to know them, their families and friends, even their ups and downs of daily living. Often, just by the laying on of her hands, the physical therapist establishes a rapport or bond between the patient and herself. It is surprising how many patients open up and tell you some of their innermost difficulties. Some feel better for just getting things off their chest.

It does not take the physical therapist long to discover that there are no two patients alike, and that the approach, treatment and progress of each will vary accordingly. Take Senor Domingo Rodriguez and Senor Cesar Duarte, for example. Both are paraplegics in their late twenties, married and with children. Senor Rodriguez had been working in the fields when he fell off his tractor and was run over by it. Senor Duarte, a mechanic from Colombia, had been in an automobile collision. Both received emergency care and somewhat later underwent a spinal operation. The psychological trauma was great in both cases.

Senor Rodriguez's wife, family and friends came daily to see him. They encouraged him and gave him hope. But this was not so with Senor Duarte. He was alone in the country. He had only a few friends who came occasionally to see him. His wife wrote him often at first, promising to make arrangements for him to come back to Colombia. For months both were given extensive physical therapy. Senor Rodriguez got over his depression, worked hard and progressed beautifully. He was taught activities of daily living. With the use of functional aids, he learned to perform simple toilet activities, to aid in changing positions in bed and

in transferring from the bed or treatment table to wheelchair, and how to manipulate his wheelchair over level surfaces. With the help of a back brace and long leg braces, he was taught how to stand, then walk, change positions, and finally how to climb stairs and travel. Before his discharge, the family inquired about the need of special equipment so that he would be able to perform the activities of daily living at home. After being discharged from the hospital, his family bought a grocery store which he is now managing. Senor Rodriguez has learned to live with his disability and is making a livelihood for his wife and children. He feels needed again.

Senor Duarte, on the other hand, seemed to improve, then went into greater depression. After the initial shock had subsided, his wife seldom wrote to him. Then came the final blow that really hurt. Since the prognosis was such that he would be disabled, his wife wrote to tell him that she did not want him to come back. The marriage promises were apparently forgotten. From that time on, physical progress continued very slowly for Senor Duarte. His only friends left were those of us in the hospital, but this wasn't enough of a stimulus. When asked what he planned to do, he would answer in a vague and evasive manner. He didn't plan to do anything specific, but preferred to live in air castles. The attending physician and his co-workers studied his problems. Arrangements were then made to transfer Senor Duarte to a hospital in Colombia, where his main problem might be solved, enabling him to begin the long and arduous program which would lead to a fruitful rehabilitation.

In these modern times, more people are being helped by means of physical therapy than ever before. The job of a physical therapist will get even bigger as medical advancements continue to stretch our life span. Experts report that today one out of every eight persons is chronically ill or disabled. By 1980, 50% of the living population will be over 45 years of age. For every able-bodied person, there will be one child, one chronically ill person and one person 65 years of age or over. We must be able to meet with this problem socially, economically and vocationally.

Though some responsibility rests with state and federal agencies, the ultimate solution to disability lies within the community. Communities must acquire an understanding of the needs of their own disabled citizens and what can be done for them through rehabilitation and selective placement. Families deprived of a breadwinner or burdened with the life-long responsibility of a chronically disabled member are the butt of inner conflicts and tensions and thereby a drain on the local community. A man insufficiently equipped, either physically or psychologically, to maintain himself and his family is a man at war. Peace and security within the family framework and consequently within the larger structure of the community demand that each citizen be given an equal opportunity to be self-sufficient. □□□

Sometimes it's hard for Sister Anton to say goodbye.

What does it mean to be a family?

By Sister M. Michael

A peaceful family—what is it? Certainly not one free of struggle, nor one paralyzed by struggle.

The families I knew during my years in Santa Fe, New Mexico, and those I have known since that time appear to me to be characterized by moving forces seeking balance, much like the drop of mercury in the toy which, with one impact, disperses in all directions in elusive droplets that reunite simply by a tilt of the hand.

The impacts causing division among family members do not differ greatly in time or locality, although particular periods of time will generate forces more or less hostile to family peace and certain cultures will retain traits that nurture family peace.

The Spanish American families that I know and love have shown varying degrees of withstanding these impacts. The efforts—not

". . . the Christian family . . . will manifest to all men Christ's

the success—with which they have coped with such things as deprivation of religious instruction and opportunity to worship publicly in small communities, the lack of necessities for privacy, material benefits, etc.. have been a source of inspiration to one privileged to share these efforts.

A certain mysterious element has issued from father to son, from mother to daughter despite centuries of isolation, poverty, discrimination. The family became a little church in a frontier land where the visible Church was invisible due to scarcity of priests. In the family were rituals, set formulae of prayer, blessings, and imaginative pageants to make the mysteries of Christ's life live again.

Today there still is inculcated a reverence for the person, even the very small person, the child. This is based on his origin and his

living presence in the world." The Church in the Modern World

destiny. Even where lack of space affords little privacy, there is to be met an innate modesty and respect for the person of another as well as oneself. True, this can be broken down, and has been in close mingling with other cultures lacking this sensitivity. Where it endures, however, it seems to be one of the unifying elements in family life, and a source of peace.

The struggles met in every century, in every culture, are a common heritage with varying emphases. These become a necessary proving ground for developing individual strength and mutual cooperation. That there are casualties need not blind us to the magnificence of the struggle. The struggle may be preferable to an exterior order, tranquilizing as it may be, where mutual co-ordination of effort for the common good is lacking.

Peace shows itself under struggle in many ways. Once, I found it in a young married couple awaiting their first baby. Their struggle was financial, but they were equally concerned with spiritual values. Their two-room apartment was supported by the husband's breadmaking. All was being readied for the new member of the family when the couple learned about the custom of dedicating their dwelling and all their life's activity within it to God. This was attractive to them. The Priest who had explained the idea, and the Sister who had reinforced it, said they would gladly come for the ceremony whenever everything was ready. "Whenever" turned out to be right in the middle of lunch one day, but a promise had to be kept, and so all converged on the two rooms! It stands as an inspiration to all that this young couple, refusing to be entangled by their material problems, chose to reach out to deeper values.

Those without financial conflict often have to struggle with ideas conflicting with their own in regard to family life. This is not made easier by the taunts of well-meaning neighbors or work-associates whose convictions may run counter to theirs. While feeling a very normal need for each other, an

Sister M. Michael, author, shares the joy of a first look.

agreed-upon restraint can be made much more difficult by such taunts, and as one couple put it, even the seductiveness of the average movie is no help. The courage that jointly withstands such struggle, pursuing a vigorous expression of their mutual love in spiritual and intellectual channels, testifies to a peace often met in the young Spanish American family.

But these are forces of conflict outside the family. What of those met within the family members themselves? Such a situation was presented one night during a labor call to a young mother. There was much time to talk in between the essential preparations for her child's delivery, which would occur in just a few hours. So engrossed was she in this new difficulty with her husband, that she barely noticed the contractions. She tried to see where she might have been to blame for his seeking a new interest outside, she tried to be defensive for him. She would lean against the chair as a contraction interrupted her thought, and even before it was finished she had resumed her testimony to her devotion. In the midst of both physical and spiritual trial there was a balance that identified itself as peace.

The same serenity hung over the small living room where neighbors in another neighborhood silently slipped in and out after a word of sympathy to the little widow who sat in black, seemingly lost in another world, the world where a prince of a husband and father had gone. Signs of his craftsmanship were all about the room in both furniture and progeny. The youngest son, excited by so many visitors, felt a restraining but affectionate hand on his thick crop of hair, as a big brother found himself jolted into a new role. The womanly acceptance of grief in a family that had always accepted suffering as part of love here showed itself peacefully.

Whether in joy or sorrow, these families seemed to say: there is love that does not disappoint, there is a richness of spirit surpassing material possessions, there is Eternity where we will live again with those we love.

Home is where you know you belong.

public health work must reach the villages

By Sister M. Th. Michael Thakadyel

India lives in her villages. 80% of India's population is found in villages where typhoid, cholera, smallpox, dysentery and tuberculosis are frequent messengers of misery and death. 60% of these deaths are from preventable diseases. It is the job of the public health team to prevent these deaths. In order to build a healthy India and thereby an India at peace with herself and her neighbors, public health work must reach the villages.

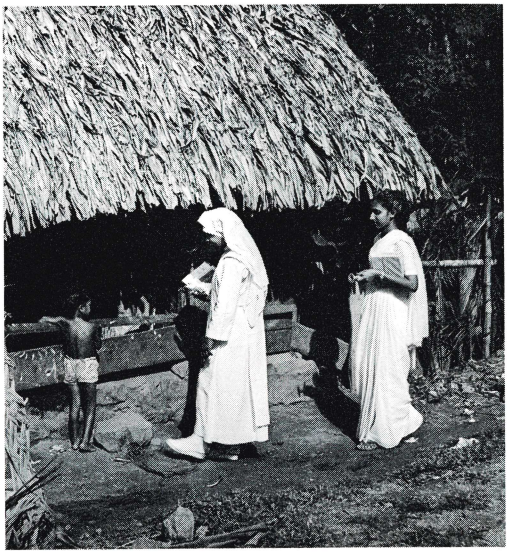
Early each day I take my bag and go out for home visits. As public health nurse at Immaculate Heart of Mary Hospital, I am usually accompanied by two student nurses. Here Sister M. Th. Teresita and Nirmala Devi leave the hospital with me. We are on our way to one of the nearby villages.

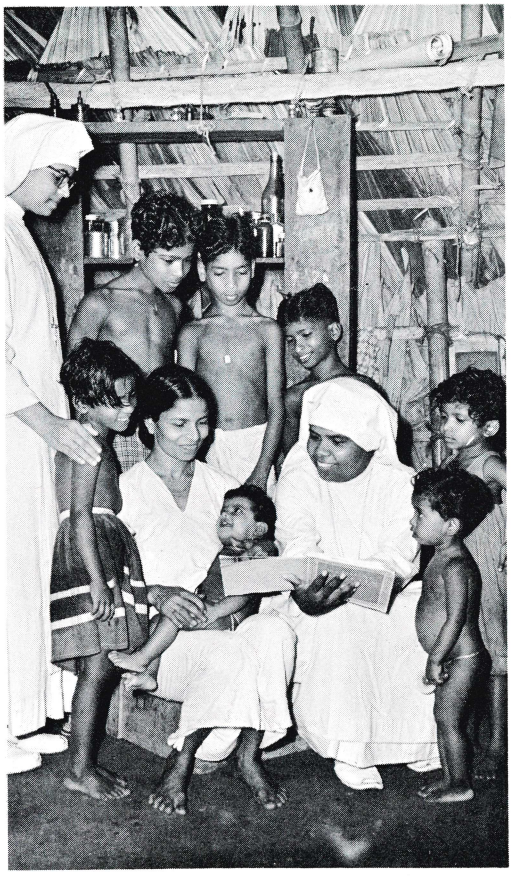
"... traditional local communities such as families, clans, tribes, villages ... experience more thorough changes every day ..."

The Church in the Modern World

Kerala is a land of hills and many rivers. During the two annual monsoons the rivers often get flooded. Still they must be crossed in order to reach the people. On the other side of the river, we have to climb hills and squeeze across narrow bridges before we are able to give the village population the benefits of modern medical science.

From a deep and narrow lane, Sister M. Th. Teresita and Miss Achamma climb up a ladder to get to a village home. In Kerala a great many people own small pieces of land. Very often the land is just big enough for a hut. This is an ordinary village home where a single room serves as kitchen, dining and sleeping rooms, and store room for its twelve members. Here a typical villager lives with his usually large family and cultivates the land around his house.





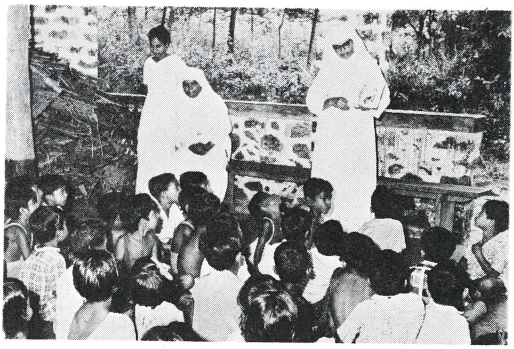
This family with nine children is supported by only one wage earner whose income is 2½ *rupees* (about 60¢) per day. On home visits children with scabies and pediculosis are scrubbed and treated. Their nails are cut and the importance of personal hygiene is explained to them. When the children see the nurses, they come running, if they are clean, stretching out their hands to show their finger nails. The dirty ones usually hide. The mothers are instructed about the art of rearing children, about good diet, etc. Lack of sanitary latrines is a major health problem in the villages. Many home visits and much education are necessary to persuade the people to make and to use latrines.

The poor and unsophisticated villagers cling to spiritual and moral values. They refuse to use contraceptives and other unnatural methods to limit the size of their families. With their meager resources they do their best to feed and clothe large families. No wonder that anemias and other deficiency diseases are so highly prevalent among them. The public health nurse discloses to them a lawful and natural method of limiting the size of their families in order that the children may have every opportunity, physical, mental, psychological and social, for their full growth and development. It did not take me too long to educate this mother on the safe period method of family planning.

45% of India's population are children. If these children learn and practice the rudiments of health, tomorrow's India will be a much healthier one. The school health program conducted by Immaculate Heart of Mary Hospital, Bharananganam, Kerala, includes annual medical examination (done here by Dr. Rita Narayni), health education and regular health inspection by the nurses. They note not only the personal hygiene and general health of the children but also the cleanliness of the school and surroundings. The school health program helps to detect and treat many diseases in

their early stages. Health education, an integral part of every school health service, teaches the importance of cleanliness, formation of good habits and prevention of water and filth-borne diseases.

Sister M. Th. Teresita gives a health talk on "round worm." The school children are enchanted with the pictures on the flash card. Regular health inspection in school is an incentive for the children to form good health habits.



The infant and maternal mortality rate has been reduced from 156 and 20 to 98 and 10 per thousand since India received her independence in 1947. But many of these 98 infants and 10 mothers need not die, for a number of these deaths are brought about by preventable causes. Public health nurses help to reduce the maternal and infant mortality rates by providing good midwifery service both in clinics and in the homes. In order to combat ignorance, which is the root cause of the health problems of India, public health nurses make use of every opportunity for health education. Every day the public health nurses at Immaculate Heart of Mary Hospital, imbued with love and a sense of social responsibility, take up the challenge of raising the health standards of their country by penetrating ever more deeply into the problems and promise of family life in the village. □ □ □

"The gifts of the Spirit are diverse: while He calls some to give clear witness to the desire for a heavenly home and to keep that desire green among the human family, He summons others to dedicate themselves to the earthly service of men . . ."

The Church in the Modern World

THE VIRGIN AT THE HEART OF **THE FAMILY OF MAN**

By Sister Miriam Therese

Because of her great love for Christ to Whom she belongs, the consecrated virgin truly loves all who are related to Him. Through a wholehearted gift of herself, she is gradually drawn ever deeper into the human family. With child-like trust she plunges into the heart of the world and the impact of her faith sends her love, like concentric circles, out and out into an ever-widening sphere, until the whole world, bit by bit, is absorbed into the core of her being.

Yet it is not the "world" she wants so desperately to love. It is the *people* of the world. Ask any woman: "mankind" can never be a substitute to her for man. In her heart is imbedded the urgent need to love and be loved. The virgin is no different. She needs to belong to someone and she does. She belongs to Christ. But she does not relate to him in isolation. Her love for her Christ spills over into the realities about her. Someone is hungry and she too is empty. Someone is sick and she feels the sting. Someone is in need and she must do something to satisfy. She sees not pain but one who is in pain. She is moved not by suffering but by him who suffers. She chooses not tenderness and compassion, but to *be* tender, to *be* compassionate. Because she is so involved with a Person, the virgin is totally concerned with persons, with the "who" pinned down beneath the weight of the inhuman. Because she is in this world in the midst of persons and one of them, she relates as only a person can, with a response that is warm, personal, loving. This is always so, if the virgin remains true to her calling. It cannot be otherwise, for a loveless virgin is no virgin at all. She is a paradox, a lie, a mocking ruin of a vision long stifled and gone.

The virgin never loses touch with humanity, for she is *one of them.* She continues to experience at times all those scourges as well as all those good things proper to life. Her vow of virginity does not excuse her from occasional hunger for affection, loneliness, heartache. Often she experiences these even more intensely than others, simply because she lives on such a heightened level of awareness.

The virgin is the living bond between time and eternity. She meets those demands made upon her at all times and on all sides and relates them to Christ, the wellspring of her love. Deeply rooted in Him, she is like an elm that escapes rigidity because it bends a little this way and that before the intensive currents of the times. She belongs and yet does not belong firmly fixed in the bowels of the earth. Her vision of faith and the transitoriness of the "now" urge her to transcend temporality and nest in eternal values. Yet her giving is no less total for holding something in reserve.

pema

By Sister M. Paul, M.D.

All my life I have felt that one of my talents, a hidden inclination to music, had never been properly developed. No one else, however, has ever yet agreed that this was any loss to mankind! Still, it was with grim determination that I decided one day to give myself to the study of the *tablas* (Indian drums). The time was my annual vacation. The place, Darjeeling, a tiny, sky-high Indian village almost on the roof of the world.

I chose for my studio a room on the ground floor of our vacation house. Sitting on a carpet on the floor (the only way one can play *tablas,* of course), before an open door overlooking the Himalayan mountains, I was studiously performing my homework when three little shadows suddenly fell across my *tablas.* I looked up, and three little children about two, three and four years of age appeared before me, dirty as could be, silent and listening. Here at last was someone able to appreciate true art! So I thought, until suddenly they ran away. Hardly had I resumed my playing when they reappeared with three small stools. Like three little mice, they sat and listened religiously, not uttering a word, their big eyes fixed on me. All at once, the four year old began beating the rhythm with his little foot. His name was Pema.

I continued to play, eyeing the little one from time to time, when all at once I realized that he had a serious problem. His right wrist was exactly at a 90 degree angle with his hand. Pus was streaming down a very dirty arm. That put an end to the concert. Instinctively I turned detective. I had to find out where the child came from, what had happened to him, what kind of treatment he had received. Pema liked to talk and before long, his history evolved.

Pema's father, originally from Bhutan, lived with his little family in a single room house. Like most of the villagers in their community, this family cooked its food over an open fire. As the father was preparing supper one evening, a container full of oil which hung from the ceiling, broke loose and fell into the fireplace. Flames leaped out in all directions. The father was far enough away to be out of danger, but Pema received the full brunt of the accident. His face, legs and arms were quite damaged. He was rushed to a local hospital, treated and discharged with the contracture already described and the wound only partially healed. It is very difficult in any case to keep an open wound in a four year old child clean, but it is even more difficult if you do not have available such a thing as running water. Of course infection set in, and here we were, a few nurses and myself, face to face with the result.

Usually we do not get too involved in medical practice on va-

cation, but was not Pema one who could appreciate good art! . . . The little boy had already won my heart. We settled our dispensary on the back porch and started the immediately important duty of getting rid of the infection. This meant incision and drainage, injections four times a day, and daily change of dressings. Everyone cooperated nicely, and Pema always left the back porch dispensary with pockets bulging with cookies.

The next step was to think of the possibility of reconstructive surgery. No facilities were available at the local hospital at the time, and Pema's father was surely financially unable to look for help outside. These facts gave birth to the idea of bringing him back with us to our own hospital in Patna. It is quite a long trip indeed, but we succeeded in convincing the parents, who happened to be Buddhists, to let us take the child with us on our return trip. It was agreed that the father would come along with us and work in the hospital while the child was undergoing treatment.

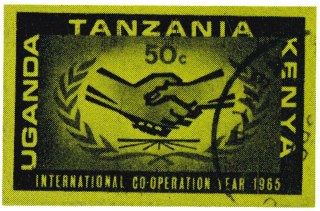
In Patna, our little protegé quickly became very popular. Sister M. Frederic, our Sister-doctor in charge, performed the surgery. It was possible to correct the contracture completely. After surgery came the long, tedious hours of exercising the hand to give it full movement. The best exercises, Pema's favorites, were saluting like a soldier or stopping traffic like a cop, much more appealing than simple extension on command! With patience, hard work, and the help of everyone, the function of his hand was quite good when Pema left us a month later. The last group of Sisters on their way to vacation took care of the return trip and were duly charged to continue the essential "exercises."

In India, a son is always a family triumph, a solid promise of continuing the family name. His whole life long he embodies parental hopes and ambitions to succeed. It was easy to see that Pema was just this special. His injury brought momentary heartbreak, but peace quickly returned to the little family with the restoration of the young son.

A few days ago, I received a letter from Pema's father. Enclosed was a picture of the boy with his twin sister. The wrist is in good position. The letter read:

". . . by the grace of God and your most kind help my son has come around almost completely. We are so happy that we can't express our joy and thanks in writing. Pema Dorjee can move his wrist and fingers freely. You are God sent. We shall remain ever grateful and faithful and pray to God for your sound health for the good services you all rendered in the name of God."

POSTMARKED from our houses



WEST PAKISTAN

Silver Jubilee—A Family Affair

On February 11, my Jubilee day, I was torn between a desire to share the Eucharistic meal with the Sisters or to receive at a later Mass in the parish Church. I chose the latter, a 10:30 a.m. Mass at Our Lady of Fatima Church. This was the beginning of a day I shall long remember.

Our employees and their families were invited to attend the Mass. It was wonderful. Children of all ages came dressed in their Sunday best. Some were tiny babies in their mothers' arms. As some of our employees live very far from the hospital, I can appreciate the trouble and expense it took to bring the children. As Mass began, the Cross-bearer, the Sisters, the altar boys and Father processed down the center aisle. Just inside the sanctuary, Father turned to face the people and I went up and knelt at the sanctuary step. In the ceremony which followed, Father gave me a lighted candle. At the Offertory, two members of our staff came from the back of the Church with chalice and altar breads. I joined them, and together we went to the altar steps with our offerings. Mine was a scroll on which I had written out, among other things, my vow formula. Just before Communion, I confirmed my vows. Father's sermon, in Urdu (the language of West Pakistan), explained to all present the meaning of the religious life.

After Mass, everyone returned to the hospital for dinner. Some walked, while those with small children went in the van. Dinner, served by the Sisters, was outside in the garden. One of our drivers, who plays the accordion very well, brought along some of his musician friends to make things lively. A clown went roaming about to amuse the children. Nothing was missing, not even party hats — homemade — for the youngsters. After dinner came the program of songs, dance, music and skits. Our supervisor of maintenance, a simple man with little formal education, gave an address in beautiful Urdu. He said that his own Urdu would never do for such a special celebration, so he had one of his educated friends prepare his speech in "high" Urdu. I replied, also in Urdu. I do not think mine was very "high," but it came from my heart. I told all present that I had always hoped in my heart that when my jubilee came, it would be celebrated with them in Pakistan, and that I was grateful that God had granted me this request and given me this joy. Then one of our employees recited a poem which he had composed himself. Another barged in, although he was not on the pro-

WASHINGTON, D.C., MOUNTAIN VIEW, CALIF. ■ **VENEZUELA**— MARACAIBO, CARIPITO, JUDIBANA ■ **GHANA**—BEREKUM,

■ **CONGO**—MPENDZWA, KIRI ■ **MALAWI**—PHALOMBE ■ **KENYA**—NANGINA ■ **ENGLAND**—SOUTH SHIELDS, OSTERLEY

gram, to sing a solo. Doctors, nurses, cleaning staff, kitchen staff —all shared in the celebration.

If I were asked to name the highlights of the day, high on the list would be the fact that the function had been in the parish Church. It gave me such a feeling of oneness with the people. It was all so homey: the families present; mothers with babies in their arms, so at home in God's house; the sharing of the Eucharistic feast; community participation at Mass by all in their own language. Then there was the walk to and from the Church; dinner together with our employees and their families; the Sisters serving, eating and mingling with the crowd, all so informal and natural, all God's children, made by the same God, loved by the same Father. I will never forget this happy day, and I am so grateful to my Sisters who so capably and generously arranged the celebration.

Sister M. Dolores
Holy Family Hospital, Karachi

VIETNAM

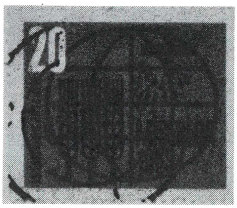
Report From Vietnam

The build-up of men and material is truly enormous, and even more noticeable in a small town like Quinhon. The roads are simply choked with trucks and jeeps and are practically caving in under the load and the heavy rains. All day and all night the vehicles rumble by our ears, till we sleep right through it and wake up when the noise ceases!

Last week 5,000 Koreans started arriving and unloading, and the people in the street got such a scare: they thought the men were Chinese. Even now the urchins who cheer every American truck as it goes by (hoping for candy and gum!) are still hesitant when they see the big yellow men, despite the American star on their trucks. The Koreans are much bigger than the Vietnamese and have impressed everyone with their ability and keenness. The Korean doctors are well trained and do fine work here. We have not met the 30 women nurses yet. They are all volunteers, and there is talk that they may come into the American Army Hospital here in Quinhon to get more specialized training. At present they are in Valley B about ten miles out.

The American Army Hospital, the 85th, is a big concern. It has about 400 beds, all in tents, though quonset huts are being made for them. There are about 60 doctors and 40 women nurses, several of whom have already become our good friends. They have bursts of feverish activity, 30 or 40 wounded all at once, and then nothing for a week or more, except for medical patients, mostly with malaria. When the nurses are not busy,

TECHIMAN, KOKOFU ■ **UGANDA**—FORT PORTAL ■ **PAKISTAN**—RAWALPINDI, KARACHI, DACCA, MYMENSINGH



■ **GERMANY**—ESSEN ■ **HOLLAND**—HEERLEN, UTRECHT■ **INDONESIA**—MAKASSAR, SURAKARTA, PARE-PARE, LAWANG

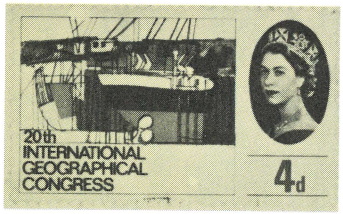
some of them like to come here and help us, particularly in the operating room. They cannot do much with the patients, since they do not speak the language, but they do help with dressings, injections, etc. One of them has adopted a boy of fourteen with 30% burns, who is doing well but needs daily baths to prepare him for skin grafting. She spends several hours with him as often as she can manage. You can imagine what a help that is.

More and more civilian casualties are being brought to us here. Despite adequate warnings there are always country people who refuse to leave their homes and land, hoping for the best. Right now we have the boy with the burns, a girl of eight with tetanus from a leg wound, brought in by the Special Forces who had treated her in their dispensary, till she got tetanus; a boy of six whose lower leg had to be amputated for gangrene because his femoral artery had been hit by a bullet; and a man with four broken fingers who was brought in by the boys from an Army camp about eight miles out. So it goes, never an end to the procession. This on top of all our other hospitalized patients and about 100 out-patients daily. Many of these should be admitted, only there are never enough beds. Typhoid is rampant these days, pneumonia is bad among the babies, enteritis and dysentery never cease, malaria is common but usually not severe, measles has been worse this year than ever, with encephalitis, enteritis and pneumonia as sequelae, and not a day goes by that we do not open at least three abscesses in the Out-Patient Department. Our beds are counted and recounted, spoken for and changed again for more serious patients, planned and re-planned, hardly ever empty for more than a few hours.

You can imagine how anxious we are to finish our new wing which would give us 24 more adult beds. Last month I went to Saigon to get tiles for the floors and managed to book the order, but will have to wait a while to get the first lot. By special arrangement, the tiles will be transported by boat. The roads are still not safe and very few trucks get through, even though they stop and transfer by hand onto another truck ten miles up the road, at least twice. The cost is catastrophic, for the drivers have to risk their lives each time. No one would transport 40 tons of tiles that way! The contractor is working on the building again, getting in the plumbing and the electricity, and if there is no major hold-up we might finish by May. Then the problem of more staff will become even more acute!

Sister M. Elise, M.D.
Holy Family Hospital, Quinhon

■ **INDIA**—PATNA, MANDAR, BOMBAY, NEW DELHI, POONA, KODARMA, THURUTHIPURAM ■ **VIETNAM**—QUINHON



■ **INDIA**—BHARANANGANAM, CHANGANACHERRY, KOTTAYAM, ITHITHANAM, MUNDAKAYAM ■ **PHILIPPINES**—LIPA CI

KENYA

Meet Phoebe and John

The people here in Nangina are really very lovable. We had a little girl named Phoebe in the hospital for TB glands. She was with us for several months so became quite a pet. One day I walked into the ward, and there was Phoebe with our one and only doll—quite a bedraggled one too—standing in the middle of the room. With one hand she held the doll in a standing position and with her other she was trying to put a medal into the doll's hand. Each time she did so, it fell on the floor. Then Phoebe would patiently talk to the doll and try again. When she saw me, she brought her problem over to me to solve. Actually, I wasn't much help. The doll wouldn't hold the medal for me either. We ended up looking for a piece of string to put around the doll's neck.

The other day I really had to laugh. When Sister walked into the kitchen, she found this note and the remaining pieces of a plate left for her by our cook: "Excuse me, Sister—I killed this plate not knowingly.

Love, John"

Sister M. Patricia
Holy Family Hospital, Nangina

VENEZUELA

2,834 Descendants!

One of our seamstresses asked for leave to go to her grandmother's funeral. The grandmother lived on the nearby Island of Margarita where it is common for people to live past 100 years.

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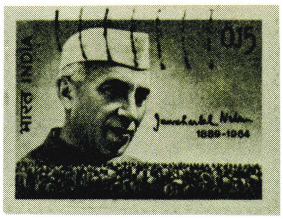
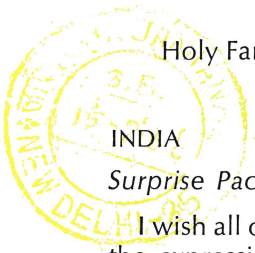


Apparently she was the oldest living person on the island, for she died at the ripe old age of 120. Mother of fourteen children, she had 2,834 descendants!

Sister M. Anita
Holy Family Hospital, Caripito



INDIA

Surprise Package

I wish all of you could have seen the expression on our Indian Sisters' faces when they opened a gift package from the United States and saw candy chickens. At first they just looked at the colored tin foil and, thinking it was wrapped around plaster, began to eat the jelly bean eggs instead. One Sister was holding a chicken and the heat from her hand made it soften and collapse. She looked at me in surprise and said, "Sister, the chicken just died!" When I told her to open it and go ahead and eat it, she was amazed. When the rest of the group saw that it was chocolate, there was a dash to devour the chickens.

Indian sweets are very different from what we are accustomed to. They are extremely sweet. There are various kinds, but most are of milk that has been boiled and boiled until it is a semi-solid lump. This is then soaked in a heavy sugar syrup. If you go to a shop, the shopkeeper will fish these balls out of the goo like catching goldfish and serve them on a leaf or in a clay pot if you buy very many. I frankly prefer the other type of treat, various kinds of grain that are roasted and flavored with spices and red chillies. A dash of fresh lemon juice sprinkled on top lends just the right taste. But then, I was always the type that would choose a dill pickle in preference to a chocolate covered cherry!

Sister M. Pascal
Holy Family Hospital, New Delhi

YOUR WILL

Your will can help the Medical Mission Sisters bring Christlike charity through their medical work to areas of greatest need around the world. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____ for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

HIGHLIGHTS

"Real freedom doesn't lead to selfish satisfactions but to the service of the human family. Man was made, Freud tells us, to love and to work, and these are the kind of values that illumine the meaning of freedom. It is not easily achieved or maintained and can only be realized by a man who has truly learned to love himself and his neighbor as himself. Freedom is doing the best we can, not just what we feel like; but we are in grave danger of misunderstanding it. It concerns life and death and responding to human needs in a mature and Christlike fashion. It means we have to possess ourselves so genuinely that we can give of ourselves in the gift of love to others . . ."

Eugene Kennedy
PAX ROMANA JOURNAL, 1965

"Peace is serenity of mind, simplicity of heart, the bond of fellowship and love. Peace restrains wars, erases angers and pride, reconciles enemies. It covets nothing that belongs to others, regards nothing as its own. It teaches a love that has never learned to hate. If a man has broken this peace, let him restore it again. For what part can a Christian have with enmities? He has embraced the charity of Christ. Therefore if we wish to be heirs of Christ, we must abide in His peace. Christ has given us His peace, as we know. He has laid upon us this charge: that we keep unbroken and inviolate the bonds of peace and love."

Saint Augustine

"And now it is to you that we address ourselves, women of all states . . . you constitute half of the immense human family. As you know, the Church is proud to have glorified and liberated woman, and in the course of the centuries, in diversity of characters, to have brought into relief her basic equality with man. But the hour is coming, in fact has come, when the vocation of woman is being achieved in its fullness, the hour in which woman acquires in the world an influence, an effect and a power never before achieved. That is why, at this moment when the human race is undergoing so deep a transformation, women impregnated with the spirit of the Gospel can do so much to aid mankind in not falling.

"Wives, mothers of families, the first educators of the human race in the intimacy of the family circle, pass on to your sons and your daughters the tradition of your fathers at the same time that you prepare them for an unsearchable future. And you women living alone, realize what you can accomplish through your dedicated

& INSIGHTS

HIGHLIGHTS

vocation. Society is appealing to you on all sides. Not even families can live without the help of those who have no families. Especially you, consecrated virgins, in a world where egoism and the search for pleasure would become law, be the guardians of purity, unselfishness and piety. Women, you who know how to make truth sweet, tender and accessible, make it your task to bring the spirit of this council into institutions, schools, homes and daily life. Women of the entire universe, whether Christian or non-believing, you to whom life is entrusted at this grave moment in history, it is for you to save the peace of the world."

Pope Paul VI
At the Close of Vatican II

The hospital is an ideal meeting point for the Church and non-Christians. The sick need not only physical care but moral support in their affliction. No longer monopolized by their usual occupations, they are more easily led to look within themselves, and to meditate on the meaning of life and suffering. They often feel rather lonely, they desire or welcome a visit and are ready for dialogue with those who show interest, sympathy and solicitude for them. Their stay at the hospital is, perhaps, the opportunity willed by Christ to make Himself known to them and lead them to Him, or at least bring them nearer to Him.

CHRIST TO THE WORLD,
June, 1965

The health problem in Latin America is extremely acute. It has been conservatively estimated that Latin America needs 100,000 more doctors and 500,000 additional hospital beds. Malnutrition is generally the underlying factor which causes most of Latin America's health problems. 16 out of 20 Latin American countries fall below the lowest acceptable daily intake of calories which has been set at 2,700. 7 of those countries are over 500 calories below that daily minimum caloric intake considered essential to obtain good health.

LATIN AMERICA CALLS!
February, 1966

Leprosy is twice as prevalent in the world today as it was 10 years ago, reported Paul W. Brand, M.D., British surgeon who has worked with leprosy victims in India. Dr. Brand, writing in *Rehabilitation Record,* said that the disease "is not being controlled," and that about three-fourths of the 15 million people in the world who have leprosy are not being treated for it.

AMA NEWS
January 10, 1966

& INSIGHTS

MARY at the heart of the family

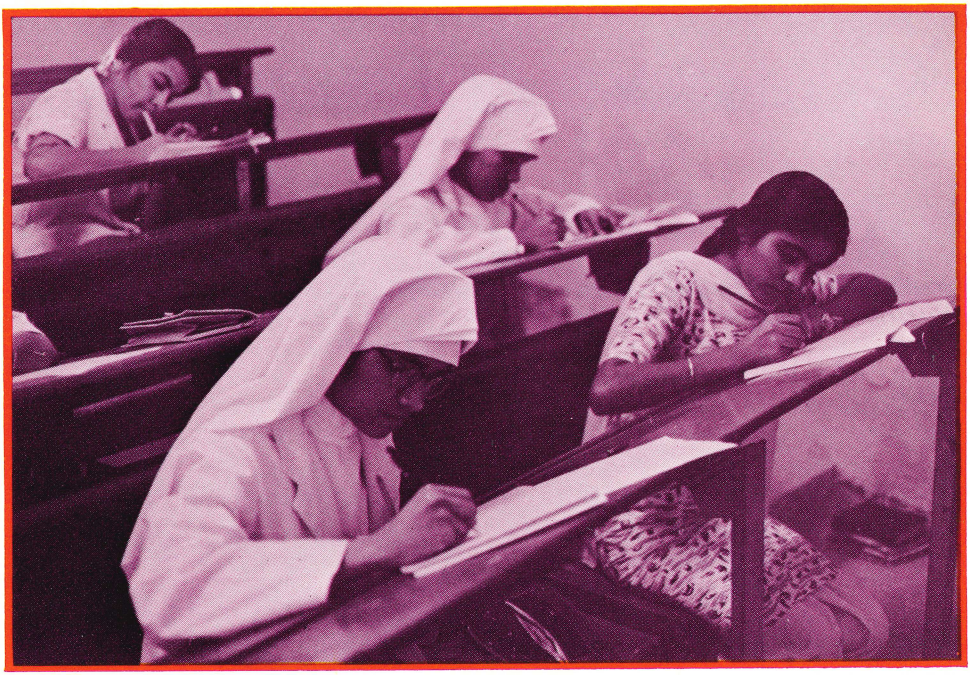
Here is my

$_____ contribution

to help pay your tuition.

Signed: _____

MEDICAL MISSION SISTERS ■ PHILADELPHIA, PENNA. 19111



मदद कीजिये

(help) (please do)

Exam day at Lady Harding Medical College, New Delhi, for the two of us, Sister Reine and Sister Stella. We're Indian Medical Mission Sisters. If we pass, we'll be seniors and after that, DOCTORS. Here in India, where there is only one doctor to take care of 6000 people, we know there will be plenty for us to do. Our hospitals are already counting on us and we are so eager to begin to help our people. Our main worry now is the tuition for our senior year. Can you help us pay the fee?